GPs and vulnerable populations

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I had an unexpected consultation with a former patient. Kate, as I'll call her, dropped in 'just for a script' and we talked a little about her current situation and plans for the future. She had come to our clinic many years ago with a number of negative predictors for disease. There had been a long period of frequent, lengthy consultations. During that time, with the support of my colleagues, I developed the professional resilience a general practitioner (GP) needs in the face of discouragement. I am proud of Kate's progress, made against the odds, and was pleased and touched by her thanks for my role in her progress.

Vulnerable individuals and populations are not necessarily sick or diseased. They are characterised instead by the lack of ability to anticipate, resist or recover from crisis or disease.[1] This may be associated with a multitude of factors such as physiology, lifestyle habits, nutrition, health literacy, use of preventive healthcare, housing, violence, social participation, generational poverty, income, occupation and education.[2]

Gordon et al[3] use Bettering the Evaluation and Care of Health (BEACH) data to compare GP consultations by residential postcode and socioeconomic index. The association between a person's socioeconomic position and their health is usually postulated as follows: relatively lower access to social and material resources exposes people to more risk factors over time that may lead to disease or disability.[4] While absolute poverty may not exist in Australia,[5] variations in geography, as well as the usual range of factors, mean that individuals at various times in their lives will be less resistant to disease than others.

Vulnerability to disease may not be a permanent characteristic of an individual. Australia, high on various international indices of human development,[5] offers structural hope that resilience to disease can be attained over time.

GPs build a strong narrative of health and illness with patients. We build engagement, while providing knowledge and evidence-based interventions. We aim to identify patients' strengths and abilities, and encourage alignment with medical goals. Backed up by a robust healthcare and social system, general practice is strategically placed to provide high-quality, equitable support for patients.[6]

The GP, as gateway and guide to healthcare, has a pivotal role. Some of the factors that correlate with an individual's health vulnerability may be influenced by their backgrounds, attitudes and habits.[7] GPs regularly provide independent and trusted health information to patients and families. In doing so, we help shape people's approach to health and healthcare, influencing how, when and why they might seek help themselves.[8]

Marino et al[9] argue for a GP response to the poor short-term and longer term outcomes that can accompany teenage pregnancy and motherhood. The GP is an ideal key support as they are well situated to provide longitudinal care through trusted relationships.

Moeller-Saxone et al[10] present the central and challenging role of the GP in providing healthcare to young people in out-of-home care. The National Clinical Assessment Framework recognises that, although difficulties remain, these young people need multidisciplinary assistance and continuity of care to recover from their experiences.

At one time or another, due to interrelated complexities, a person may become vulnerable to illness. At these times, their access to and use of social and health resources provides them with the opportunity for help and perhaps even transformation. A steady, working relationship with a good general practice can be one vehicle for this change.

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